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CONFIRMATION NO. 9615

SERIAL NUMBER 10/631,911	FILING OR 371(c) DATE 07/31/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. AGALIN 3.0-003 II	
APPLICANTS Royce S. Fishman, Hernando, FL; Michael R. Ujhelyi, Maple Grove, MN;					
** CONTINUING DATA ***** <i>TKM</i> This appln claims benefit of 60/404,830 08/20/2002					
** FOREIGN APPLICATIONS ***** <i>TKM</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/05/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>TKM</i> Acknowledged <i>TKM</i> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 48	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
ADDRESS 000530					
TITLE Methods for easing pain and anxiety from atrial or ventricular defibrillation					
FILING FEE RECEIVED 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		